



Bib Data Sheet



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SERIAL NUMBER 09/476,384	FILING DATE 12/30/1999 RULE	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. 06042-0180
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APPLICANTS

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MATT GOLUB, Atlanta, GA ;
CHERYL L. KAY, Floral Park, NY ;

** CONTINUING DATA ***** *Abn 7 4/20/02*

** FOREIGN APPLICATIONS ***** *None 4/20/02*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

** 02/09/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 20	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>ABN</i>	Initials			

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TITLE

METHOD AND SYSTEM FOR PROVIDING PERSONAL MERCHANT ACCOUNTS TO INTERNET
CONSUMERS

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 7755

Bib Data Sheet

SERIAL NUMBER 09/476,384	FILING DATE 12/30/1999 RULE	CLASS 705	GROUP ART UNIT 3628	ATTORNEY DOCKET NO. 06042-0180
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/09/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 20	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature	Initials				

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TITLE

METHOD AND SYSTEM FOR PROVIDING PERSONAL MERCHANT ACCOUNTS TO INTERNET CONSUMERS

FILING FEE RECEIVED 1834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees. <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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